

The Health-Care Sector and Providers Can Play a Role in Preventing Childhood Obesity

Health-care professionals have frequent opportunities to encourage children, youth, and their parents to engage in healthful lifestyles. Unfortunately, treatment of obesity per se is rarely considered a reimbursable interaction between patient and doctor, and our current health-care system is not yet focused on preventive measures for childhood obesity. But the health-care delivery system can still have a significant impact on this issue. It is now up to health-care professionals and their professional organizations, as well as health insurers and quality improvement and accrediting agencies, to make obesity prevention a part of routine preventive health care.

Health-Care Professionals

As health-care advisors both to children and their parents, physicians, nurses, dietitians, and other clinicians have access and the authority to influence families' awareness of obesity as a health concern and offer them guidance on pursuing healthful dietary habits and regular physical activity.

To achieve this goal, health-care providers should routinely measure their young patients' height and weight and calculate their body mass index (BMI) during every health supervision visit. By doing so, clinicians indicate to families that BMI is just as important as routine immunizations or screening tests in protecting children's health. Despite the availability of standardized BMI charts for children, the majority of caregivers currently rely on clinical impression and weight-for-age or weight-for-height measures rather than BMI to assess risk of obesity.

After determining the child's weight status, health-care professionals have a responsibility to carefully communicate the results to parents and, in an age-appropriate manner, to the children themselves; provide the information that the families need to make informed decision about physical activity and nutrition; and explain the risks associated with childhood overweight and obesity. Behaviors that can be targeted include those most closely associated with improved nutrition and

increased physical activity: increased breastfeeding, limited consumption of sweetened beverages, reduced television viewing or other screen time, and a greater amount of outdoor play. Careful attention should be paid to minimizing the stigmatization of obesity.

Pediatricians, family physicians, nurses, dietitians, and other clinicians also should serve as role models for healthful eating and regular physical activity. They should take leadership roles in advocating for childhood obesity prevention in local schools and communities.

KEY FACTS

Pediatricians, family physicians, nurses, and other clinicians should engage in the prevention of childhood obesity. Health-care professionals should routinely track BMI, offer relevant evidence-based counseling and guidance, serve as role models, and provide leadership in their communities for obesity prevention efforts.

Health care professional organizations, insurers, and accrediting groups should support individual and population-based obesity prevention efforts.

Professional organizations should disseminate evidence-based clinical guidance and establish programs on childhood obesity prevention.

Training programs and certifying entities should require obesity prevention knowledge and skills in their curricula and examinations.

Insurers and accrediting organizations should include screening and obesity preventive services in routine clinical practice and quality assessment measures and should provide incentives for maintaining a healthy body weight.

Training Programs and Professional Organizations

Health-care professionals' training programs have traditionally provided their students with limited education in nutrition and physical activity or how to counsel patients on these topics. To ensure that health professionals are sufficiently prepared to discuss obesity risks and prevention with their patients, health professional schools and other training programs and agencies that certify health-care providers should require knowledge and skills related to obesity prevention in their curricula and examinations. These skills might include how to calculate and interpret BMI levels for children and knowledge about proper nutrition and physical activity levels to prevent childhood obesity.

Furthermore, health professional organizations should also create and disseminate evidence-based clinical guidelines and other educational materials on childhood obesity prevention. They should advocate for childhood obesity prevention initiatives and coordinate their efforts among professional organizations.

Insurance Providers, Health Plans, and Quality Improvement and Accrediting Organizations

Until recently, efforts had focused largely on the treatment of obesity rather than prevention. But increasing awareness of the rising economic and social costs of obesity provides incentives to insurers and health plans to encourage healthful lifestyles.

Insurers and health plans should develop innovative strategies (such as incentives or discounts) to encourage individuals and families to maintain healthy body weights and engage in routine physical activity. Obesity prevention should become a routine part of clinical care.

The organizations that oversee quality improvements in health care and that accredit health-care providers should ensure that obesity screening and prevention services are included in routine clinical practice and in measurements of health-care quality.